



2641/11

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application Number	09/800,212
		Filing Date	March 6, 2001
		First Named Inventor	Jeffrey K. Lange et al.
		Group Art Unit	2641
		Examiner Name	Lewis A. Michael
Total Number of Pages in This Submission		Attorney Docket Number	1819/100121

ENCLOSURES (check all that apply)

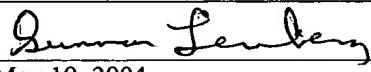
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request (3-Month) <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> A copy of the Notice to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers <i>(for an Application)</i> <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Declaration and Power of Attorney <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Application Data Sheet <input type="checkbox"/> Request for Corrected Filing Receipt with Enclosures <input checked="" type="checkbox"/> A self-addressed, prepaid postcard for acknowledging receipt <input type="checkbox"/> Other Enclosure(s) (please identify below):
		Remarks
<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees required or credit any overpayments to Deposit Account No. 14-1138 for the above identified docket number.		

RECEIVED

MAY 17 2004

Technology Center 2600

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm <i>or</i> Individual name	Gunnar G. Leinberg, Esq. Nixon Peabody LLP Clinton Square, P.O. Box 31051 Rochester, New York 14603-1051 Telephone: (585) 263-1014 Fax: (585) 263-1600	
Signature		
Date	May 10, 2004	
	Registration No. 35,584	

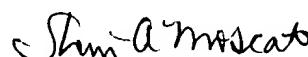
CERTIFICATE OF MAILING OR TRANSMISSION [37 CFR 1.8(a)]

I hereby certify that this correspondence is being:

- deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Mail Stop _____, Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450
- transmitted by facsimile on the date shown below to the United States Patent and Trademark Office at (703) _____.

May 10, 2004

Date



Signature

Sherri A. Moscato

Typed or printed name

FEE TRANSMITTAL FOR FY 2004

Patent fees are subject to annual revision.

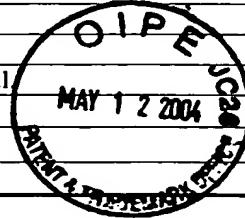
Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT

(\$ 475)

Complete if Known

Application Number	09/800,212
Filing Date	March 6, 2001
First Named Inventor	Jeffrey K. Lange et al.
Examiner Name	Lewis A. Michael
Art Unit	2655
Attorney Docket No.	1819/100121



METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order Other None

Deposit Account:

Deposit Account Number

14-1138

Deposit Account Name

Nixon Peabody LLP

The Commissioner is authorized to: (check all that apply)

Charge fee(s) indicated below Credit any overpayments
 Charge any additional fee(s)
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
1001	770	2001 385 Utility filing fee	
1002	340	2002 170 Design filing fee	
1003	530	2003 265 Plant filing fee	
1004	770	2004 385 Reissue filing fee	
1005	160	2005 80 Provisional filing fee	

SUBTOTAL (1) (\$ 0)

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

		Extra Claims	Fee from below	Fee Paid
Total Claims	21	-24** =	0 X \$9	\$0.00
Independent Claims	3	-3** =	0 X \$43	\$0.00
Multiple Dependent			X \$145	\$0.00

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description
1202	18	2202 9 Claims in excess of 20
1201	86	2201 43 Independent claims in excess of 3
1203	290	2203 145 Multiple dependent claim, if not paid
1204	86	2204 43 ** Reissue independent claims over original patent
1205	18	2205 9 ** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$ 0)

** or number previously paid, if greater; For Reissues, see above

3. ADDITIONAL FEES

Large Entity

Small Entity

Fee Description

Fee Code (\$)

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PATENT
Docket No.: 1819/100121

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants : Jeffrey K. Lange, Robert H. Paine, Jeremiah L.)
Parry-Hill, and Steven H. Wunrow)
)
Serial No. : 09/800,212)
)
Cnfrm. No. : 4984)
)
Filed : March 6, 2001)
)
For : METHOD AND SYSTEM FOR PROVIDING)
AUTOMATED CAPTIONING FOR AV)
SIGNALS)

Examiner:
Lewis A. Michael

Art Unit:
2655

71A
5/19/04
JW

AMENDMENT

Mail Stop _____
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

RECEIVED
MAY 17 2004
Technology Center 2600

Dear Sir:

In response to the November 25, 2003, office action, please amend the above-identified patent application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks begin on page 6 of this paper.